Prepared for:
P.J. Keating Company
Lunenburg, Massachusetts

NPDES Individual Permit Application for Process and Stormwater Discharge

ENSR Corporation
May 2006

ENSR | AECOM

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Industrial Wastewater Management Program

Form 1 General Information and Notification

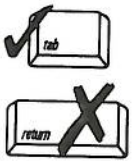
Application for Permit to Discharge to Waters of the Commonwealth

To be filed by all persons required to obtain a permit to discharge Industrial Wastewater to waters of the Commonwealth.

Note: A discharge is considered Industrial Wastewater only if the facility is one covered by the SIC Codes listed in Question 2 of the "How to Apply" guide (on the first page of this document). The accompanying instructions may help you complete this form.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Name, address, and telephone number of facility producing the discharge:

P.J. Keating Company Acushnet Facility
Name

998 Reservoir Road
Street address

Lunenburg | MA | 01420
City | State | Zip Code

978-582-5200 | _____
Telephone number (including extension) | E-mail address (optional)

Billing address (if different):

_____
Street/PO Box

_____ | _____ | _____
City | State | Zip Code

DEP Use Only

Application # _____

Date Received _____

Discharge Site:

72 South Main Street
Street address

Acushnet | MA | 01462
City | State | Zip Code

Ownership:

- ☐ Individual
- **X** Corporation
- ☐ Partnership
- ☐ Other

If other, please specify: _____

Status:

- **X** Private
- ☐ Public
- ☐ Other

If other, please specify: _____

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Industrial Wastewater Management Program

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Application for Permit to Discharge to Waters of the Commonwealth

A. Facility Information (cont.)

2. Contact Person:

   Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility, with the facts reported in this application, and can be contacted by the Industrial Wastewater Management Program if necessary.

   Michael Woodin
   Name

   Environmental Health and Safety Specialist
   Title

   978-582-5268
   Telephone Number (including extension)

3. Facility Status

   X Existing ☐ Proposed

4. Does the project affect a site of historic or archeological significance, as defined in regulations of the Massachusetts Historical Commission, 950 CMR 71.00?

   ☐ Yes X No

5. Does this project require a filing under 301 CRM 11.00, the Massachusetts Environmental Policy Act?

   ☐ Yes X No

   If yes, has a filing been made?

   ☐ Yes ☐ No

6. Application Forms Needed:

   Answer questions A through F to determine which additional application forms you need to submit to the Department of Environmental Protection. If you answer "Yes" to any question, you must submit this form and the supplemental form listed in the parentheses following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "No" to each question, you need not submit any of these forms.

   A. Is this facility an existing or proposed publicly owned treatment works which is a discharge to surface waters of the Commonwealth? (Form 2A)

      ☐ Yes X No ☐ Form Attached?

   B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to the surface waters of the Commonwealth? (Form 2B)

      ☐ Yes X No ☐ Form Attached?

Massachusetts Department of Environmental Protection
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Industrial Wastewater Management Program

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Application for Permit to Discharge to Waters of the Commonwealth

A. Facility Information (cont.)

C. Does or will this facility result in a discharge to surface waters of the Commonwealth other than those described in A or B? (Form 2C)

☐ Yes **X** No ☐ Form Attached?

D. Is this facility an existing or proposed treatment works which results in a discharge only of treated sewage to the land surface or to the ground waters of the Commonwealth? (Form GW-A)

☐ Yes **X** No ☐ Form Attached?

E. Does or will this facility include a concentrated animal feeding operation or aquatic animal production facility that results in a discharge to the land surface or ground waters of the Commonwealth? (Form GW-B)

☐ Yes **X** No ☐ Form Attached?

F. Does or will these facility result in a discharge to the land surface or ground waters of the Commonwealth other than those described in D or E above? (Form GW-C)

☐ Yes **X** No ☐ Form Attached?

7. Is this a RCRA facility as defined in 314 CMR 8.03?

☐ Yes **X** No

If yes, submit the information on Form HW contained in 310 CMR 8.20 in accordance with the provisions of 314 CMR 8.08.

8. Industrial Classifications:

List, in descending order of significance, the four (4) digit standard industrial classification (SIC) codes that best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words.

	SIC Code	Specify
A.	1429	Crushed and Broken Stone
B.	2951	Asphalt and Pouring Mixtures
C.	3272	Concrete Products
D.		

Note: No application will be accepted without the SIC code number.

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Industrial Wastewater Management Program

Form 1 General Information and Notification

Application for Permit to Discharge to Waters of the Commonwealth

A. Facility Information (cont.)

9. Facility Operator:

Give the name, as it is legally referred to, of the person, firm, public organization or other entity that operates the facility described in this application. If the facility owner is also the operator, write owner and list mailing address only if different from that listed in number 1 above.

owner
Name

Telephone Number (including extension) | E-mail address (optional)

Mailing Address

City | State | Zip Code

Ownership:

- ☐ Individual
- ☐ Partnership
- X Corporation
- ☐ Other

If other, please specify:

Status:

- X Private
- ☐ Public
- ☐ Other

If other, please specify:

10. Location of Facility:

A. Is this facility located on Native American Lands?

☐ Yes X No

B. Provide a topographic map (USGS 1:25,000 scale 7_ Minute Topographic Series, quadrangle sheet) or maps of the area extending at least to one mile beyond the property boundaries of the facility that clearly show the following:

- The legal boundaries of the facility;
- The location and serial number of each of your existing and proposed intake and discharge structures;
- All hazardous waste management facilities;

Form 1 General Information and Notification

Application for Permit to Discharge to Waters of the Commonwealth

A. Facility Information (cont.)

- All springs and surface water bodies in the area, plus all drinking water wells within one mile of the facility which are identified in the public record or otherwise known to you.
- If an intake or discharge structure, hazardous waste disposal site, or injection well associated with the facility is located more than one mile from the plant, include it on the map, if possible. If not, attach additional sheets describing the location of the structure, disposal site, or well, and identify the U.S. Geological Survey (or other) maps corresponding to the location.
- On each map, include the map scale, meridian arrow showing north, and latitude and longitude to the nearest whole second. On all maps of rivers, show the direction of the current, and in tidal waters, show the directions of the ebb and flow tides. Use a 7½ minute series map published by the U.S. Geologic Survey.

11. Nature of Business:

Briefly describe the nature of your business. Include products produced or services provided:

See Attachment A

12. Water Supply Data: see Attachment B

A. List sources of water supply and annual water consumption for the past 5 years.

Water Sources	Year (last year first) 1.	2.	3.	4.	5.
1.					
2.					
3.					
Total					

B. Please show the location of your water sources on the topographic map described in paragraph 11B.

Massachusetts Department of Environmental Protection
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Industrial Wastewater Management Program

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Application for Permit to Discharge to Waters of the Commonwealth

B. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I will be responsible for publication of public notice of the applicable permit proceedings identified under 314 CMR 2.06(1)(a) through (d)."

James Reger
Printed name of applicant

President
Title

978-582-5200
Telephone Number (including extension)

Signature of applicant

5/11/06
Date Signed

Caroline Hampton, P.E.
Name of Preparer

Senior Engineer
Title

978-589-3053
Telephone Number (including extension)

(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: MA0029297

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		2C, 2F
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: P.J. Keating, Acushnet Facility

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 Wooding, Michael, Environmental Health & Safety Specialist	978-582-5268

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 998 Reservoir Road

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Lunenberg	MA	01462

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 72 South Main Street

B. COUNTY NAME

Bristol

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 Acushnet	MA	02743	

CONTINUE ON REVERSE

ONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
1429 (specify) Crushed and Broken Stone	7295 1 (specify) Asphalt and Paving Mixture
C. THIRD	**D. FOURTH**
(specify)	7372 (specify) Concrete Products

III. OPERATOR INFORMATION

A. NAME

P.J. Keating Company

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)

P (specify)

D. PHONE (area code & no.) A 508 992 3542

E. STREET OR P.O. BOX

72 South Main Street

F. CITY OR TOWN

Acushnet

G. STATE MA

H. ZIP CODE 01462

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) 9 N MAR 058836

D. PSD (Air Emissions from Proposed Sources) 9 P AQC1-A24P89208

B. UIC (Underground Injection of Fluids) 9 U

E. OTHER (specify) 9 (specify)

C. RCRA (Hazardous Wastes) 9 R

E. OTHER (specify) 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
C James Reger, President		5/11/06

COMMENTS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1): MA 0029297

Form Approved. OMB No. 2040-0086. Approval expires 8-31-98.

FORM 2C NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY

APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS

Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	41	40	26	70	54	31	Acushnet River via unnamed Tributary

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
	concrete plant	800 gpd	settling pond 1A, 1B	1-U	
	dust control	105,000 gpd applied	settling pond 1A, 1B, 1C, 2A, 2B, 2C	1-U	
	pressure washer	300 gpd	detention pond 1C, with stone filter	1-U	4-A
	quarry dewatering	600,000 gpd	reused within stone processing		
	stone processing	600,000 gpd	settling pond 1A, 1C; settling pond 2A; mud sucker clarifier; clarifying pond	1-U	1-O
	vehicle wash rack water	3,000 gpd	settling pond 1B	1-U	
	wash/soap rack water	150 gpd	settling pond 2B	1-U	
	aggregate storage	stormwater only	settling pond 1A, 1C	1-U	4-A
	asphalt plant	stormwater only	settling pond 2B	1-U	
	maintenance yard	stormwater only	settling pond 1A, 1C	1-U	
	RAP material storage	stormwater only	settling pond 1A, 2B	1-U	
	silt material storage	stormwater only	settling pond 2B	1-U	
	stormwater	stormwater only	settling pond 2B; swale	1-U	
	vehicle fueling	stormwater only	settling pond 1C	1-U	
	TOTAL OUTFALL 001	1.8 million gpd			

OFFICIAL USE ONLY (effluent guidelines sub-categories)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ YES *(complete the following table)* ☐ NO *(go to Section III)*

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK *(specify average)*	b. MONTHS PER YEAR *(specify average)*	a. FLOW RATE *(in mgd)*		b. TOTAL VOLUME *(specify with units)*		c. DURATION *(in days)*
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
	Operation of plant is seasonal (April-December) Discharges during off-season are only due to stormwater runoff (and quarry dewatering) if necessary.							

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES *(complete Item III-B)* ☐ NO *(to to Section IV)*

B. Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☐ YES *(complete Item III-C)* ☐ NO *(go to Section IV)*

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS *(list outfall numbers)*
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	

V. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES *(complete the following table)* ☐ NO *(go to Item IV-B)*

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED
12/8/05 Notice of noncompliance from DEP See letter attached)	1	Process Stormwater	Schedule of BMPs to be installed to verify permit limit violations-submitted April 7, 2006	4/7/06	Submitte

C. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

April 7, 2006

Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Protection
Southeast Regional Office
20 Riverside Drive
Lakeville, MA 02347

RE: **P.J. Keating Company**
72 South Main Street
Acushnet, MA 02743

Subject: **Notice of Non-Compliance: NON-SE-05-9044-A(N)7**
Progress Report and Schedule of BMP Installation

Dear Mr. Hunt:

The following letter serves as a progress report regarding the Notice of Non-compliance (NON) that was issued to P.J. Keating's Acushnet facility on December 8, 2005. This letter addresses the Best Management Practices (BMPs) that have been and will be installed at the facility to address elevated effluent concentrations of Turbidity, Total Suspended Solids (TSS) and Oil and Grease.

P.J. Keating's goal is to be compliant with its National Pollutant Discharge Elimination System (NPDES) permit and to control Turbidity, TSS and Oil and Grease. P.J. Keating has retained ENSR to provide engineering services to assist them with achieving their goal.

On January 31, 2006, Caroline Hampton of ENSR, Denise Zambrowski, and John Raschko of the Executive Office of Environmental Affairs' (EOEA's) Office of Technical Assistance performed a site visit (led by Michael Woodin and Jack Freeman of P.J. Keating) of the Acushnet facility in order to evaluate the facility's stormwater controls and formulate a list of appropriate stormwater BMPs.

On March 23, 2006, the same people met to review the proposed BMPs and create an implementation schedule for BMP installation. The resulting list of BMPs and implementation schedule is as follows:

1. BMPs Completed in Winter 2005- 2006

P.J. Keating completed extensive site work in 2005-2006 to control Turbidity, TSS, and Oil and Grease including:

(a) Installation of additional stone check dams at Outfall 001;

(b) Installation of silt curtains within Pond 1C to filter fines in the water passing through the curtains;

(c) Installation of silt curtain at the mid-point of Pond 2B and just prior to the Pond 2C outlet to filter fines in the water;

(d) Excavation and removal of sediment from Pond 2A, 2B and 2C to provide additional treatment volume;

(e) Installation of a by-pass pipe from Pond 1A around Pond 1B and discharging to the stream upgradient of Outfall 001 (the by-pass pipe allows clean water from Pond 1A, which is mostly quarry dewatering water, to be discharged directly to the stream thereby providing additional treatment capacity within Pond 1B and 1C); and

(f) Recycling of water during large storm events from Pond 1B back to Pond 1A providing additional settling time for runoff from Stone Processing West and wash rack area.

2. Short Term BMPs; To Be Completed by July 1, 2006

The following list of BMPs is intended to provide additional treatment and reduce exceedance of the NPDES Individual Permit numeric limits. P.J. Keating will install these BMPs by July 1, 2006.

(a) Install additional silt curtains in Pond 1A to filter fines in the water passing through the curtains. Proposed locations include: along the southern end of Pond 1A to filter fines discharging from Pond 2C; near the quarry discharge to Pond 1A; and prior to the pump house discharge from Pond 1A. P.J. Keating will excavate the accumulated sediment as necessary.

(b) Install a construction tracking pad at the vehicle exit from the truck wash rack. P.J. Keating will maintain the tracking pad, including removal and replacement of stone, as necessary to ensure its effectiveness.

(c) Install additional controls on truck wash rack to limit water use.

(d) Review truck traffic flow at the site. Installing jersey barriers and signage to limit the truck traffic to certain areas of the site will reduce the areas disturbed during loading and unloading activities. Furthermore, changes in traffic flow could significantly increase the number of customers passing through the wash rack prior to exiting the site.

(e) Install proper controls for the stone and truck washing area near Pond 1B such as a catch basin cover(s) and boom(s). Once installed, P.J. Keating will maintain these controls as necessary.

(f) Conduct general site clean-up; particularly regarding materials stored behind the Stone Crusher Garage (make sure these materials are appropriate for outside storage).

(g) Install surface swales with check dams to capture runoff from Stone Processing West crushers. The swales, which would capture stone dust material from the crushers and convey the water to Pond 1B, will be cleaned out regularly to minimize material traveling to Pond 1B.

(h) Review stabilizing any silt piles with hydro-seed. P.J. Keating will add loam and hydro-seed the outer areas of the silt piles, which will likely reduce silt migration.

(i) Restore the capacity of the catch basin that receives storm water runoff from silt material storage piles located on the eastern portion of the site. P.J. Keating will inspect the catch basin weekly and clean it as necessary.

(j) Investigate alternative methods of drying material within the ponds (i.e. chemical additives). This would allow for more extensive excavation of ponds and reduce sediment discharges during cleaning.

(k) Review the facility's SWPPP to make sure it reflects site changes.

3. Short Term BMPs; To Be Completed by November 1, 2006

(a) Install swales with stone check dams along silt material storage piles located on the eastern portion of the site to capture runoff and convey it to Pond 2B. The check dams will reduce runoff velocities and capture additional material. P.J. Keating will clean the swales regularly to limit material traveling to Pond 2B.

(b) Evaluate treatment and storage capacities of all ponds on the site, particularly Pond 2C. Items to be evaluated (on a pond-by-pond basis) include: installation of upturned elbows to the discharge pipes so that discharge water is not pulled from the bottom of the pond; installation of a gabion system with forebays to trap sediment and increase accessibility of captured sediment; and a revision of pond layout to provide safe and effective access to all areas of the pond during excavation of accumulated sediment and to reduce short circuiting of flows. Alterations to the ponds will be performed during the winter of 2006-2007 (a plan indicating changes will be created by November 1, 2006).

(c) Review purchasing a containment system for the stone and truck washing area near Pond 1B.

(d) Optimize water use for the sand screw operation.

(e) Review diverting the stream flow that enters the site along the southern property boundary into a separate conveyance system and discharging it down gradient from Outfall 001. P.J. Keating will review the stream flows and water quality composition to determine whether removing these flows from the site drainage system would be beneficial and cost effective. By removing these flows from the system, Ponds 1B and 1C would be available to provide more treatment for the on-site runoff.

(f) Evaluate installing a sediment trap vault at the end of the swale at the Stone Processing West crusher to provide additional volume for captured fines.

4. Long Term BMPs; To Be Completed by December 31, 2007

(a) Install a sediment trap vault at the end of the swale at the Stone Processing West crusher if determined feasible. P.J. Keating will implement a regular maintenance schedule for this sediment trap.

(b) Install a sediment trap vault to replace the catch basin adjacent to the wash rack. Accumulated sediments within the vault would be cleaned out regularly.

(c) Move the refueling area or install above-ground storage tanks with spill containment to further limit the potential for a spill to enter the facility's drainage system.

(d) Complete proposed changes to Pond 2C.

(e) Evaluate installing a new clarifier sized for current crusher production.

(f) Continue expanding the retention area in the quarry. When quarrying activities reach the bottom of the quarry, a hole will be blasted to create a larger retention area. With the reuse of water and this additional retention area, P.J. Keating may be able to reduce discharges from the site. Expansion of the retention area is already in progress.

P.J. Keating will provide the DEP with a report summarizing compliance with the above schedule thirty days after the date indicated for completion in the above list. Should you have any questions regarding these BMPs or the facility in general, or if you require additional information, please feel free to contact me.

Sincerely yours,

Michael J. Woodin
Environmental/ Safety Specialist

cc: Jack Freeman, P.J. Keating
Acushnet Board of Health
Caroline Hampton, ENSR
Denise Zambrowski, EOEA - OTA
John Raschko, EOEA - OTA

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
Xylene	Bituminous Concrete		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☒ YES *(list all such pollutants below)* ☐ NO *(go to Item VI-B)*

Total Arsenic may be present
Benzene, Toluene and Naphthalene may be present in bituminous concrete manufacturing.

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES *(identify the test(s) and describe their purposes below)* ☐ NO *(go to Section VIII)*

"See Attachment C"

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☐ NO *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE *(area code & no.)*	D. POLLUTANTS ANALYZED *(list)*

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
James Reger, President	978-582-5200
C. SIGNATURE	D. DATE SIGNED
	5/11/06

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: MA 0029297

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO.

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE *(if available)* (2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	c. LONG TERM AVRG. VALUE *(if available)* (2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*												
b. Chemical Oxygen Demand *(COD)*												
c. Total Organic Carbon *(TOC)*												
d. Total Suspended Solids *(TSS)*												
e. Ammonia *(as N)*												
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE *(if available)* (2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	c. LONG TERM AVRG. VALUE *(if available)* (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color	X													
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite *(as N)*	X													

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (If available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (If available) (2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (If available) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease	X													
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)	X													
l. Sulfide (as S)		X												
m. Sulfite (as SO_3) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA NUMBER (copy from item 1) | ALL OTHER

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)		X													
3M. Beryllium, Total, 7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

POLLUTANT AND CAS NUMBER (if available)	MARK X			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodibromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichlorobromomethane (75-27-4)			X												
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2-Dichloropropane (78-87-5)			X												
18V. 1,3-Dichloropropylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												

POLLUTANT AND CAS NUMBER (If available)	MARK			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroiso-propyl) Ether (102-60-1)			X												
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Dichloro-benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (67-72-1)			X												
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Trichlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

Please print or type in the unshaded areas only

EPA ID Number *(copy from Item I of Form 1)*: MA0029297

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

Form 2F NPDES

EPA

United States Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., SW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number *(list)*	B. Latitude			C. Longitude			D. Receiving Water *(name)*
001	41	40	26	70	54	31	Acushnet River via unnamed tributary

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

Continue on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	4.3 Acres	135 Acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

See Attachment A

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	Sedimentation (settling within ponds, quarry and filtering through stone berms)	4-A I-U

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
James Reger, President		5/11/06

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No significant leaks or spills have occured at the facility in the last three years.

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VII. Discharge Information

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables VII-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in table 2F-2, 2F-3 or 2F-4, a substance or a componant of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

[X] Yes *(list all such pollutants below)* [ ] No *(go to Section IX)*

Sulfate may be present in bituminous concrete manufacturing.
Xylene may be present in bituminous concrete manufacturing.
Benzene, Napthelene and Toluene may be present in bituminous concrete manufacturing.

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

[X] Yes *(list all such pollutants below)* [ ] No *(go to Section IX)*

Whole effluent toxicity testing July 2005 in compliance with individual permit requirements.

IX. Contract Analysis Information

Were any of the analysis reported in item VII performed by a contract laboratory or consulting firm?

[X] Yes *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* [ ] No *(go to Section X)*

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title *(type or print)*	B. Area Code and Phone No.
James Reger, President	978-582-5200
C. Signature	D. Date Signed
	5/11/06

EPA ID Number *(copy from Item I of Form 1)*
MA 0029297

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge Information *(Continued from page 3 of Form 2F)*

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Oil and Grease		N/A			1	Vehicle maintenance truck traffic
Biological Oxygen Demand (BOD5)					1	N/A
Chemical Oxygen Demand (COD)					1	N/A
Total Suspended Solids (TSS)					1	Dust and stormwater-related erosion
Total Nitrogen					1	N/A
Total Phosphorus					1	Truck cleaning
pH	Minimum	Maximum	Minimum	Maximum		Concrete Plant

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
PH					1	Concrete Plant
TSS					1	Dust and Stormwater
Total Nitrogen					1	N/A

Continued from the Front

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Color						Scour of Fines
Turbidity						Stormwater
Sulfate						Concrete Plant
Xylene						Concrete Plant
Benzene						Concrete Plant
Napthalene						Concrete Plant
Teluene						Concrete Plant

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units*	6. Total flow from rain event *(gallons or specify units)*

7. Provide a description of the method of flow measurement or estimate.